

English Language Academy 2022 Admission Form

	STUDENT INFORMATION		
FAMILY NAME (LAST NAME)			
FIRST NAME			
MIDDLE NAME			
DATE OF BIRTH (MM/DD/YYYY)			
GENDER	O MALE O FEMALE O NOT SPECIFIED		
MARITAL STATUS	O MARRIED O SINGLE		
COUNTRY OF BIRTH			
COUNTRY OF CITIZENSHIP			
COUNTRY OF PERMANENT RESIDENCE			
PERMANENT	HOME ADDRESS (FOREIGN COUNTRY ADDRESS)		
STREET & NUMBER			
CITY			
STATE			
PROVINCE (IF APPLICABLE)			
COUNTRY			
POSTAL CODE			
TELEPHONE NUMBER			
COUNTRY & CITY CODE NUMBER			
EMAIL ADDRESS			
MAILING ADDRESS			
SAME AS PERMANENT HOME ADDRESS	CHECK THIS BOX IF YOUR MAILING ADDRESS IS THE SAME AS ABOVE		
STREET AND NUMBER			
CITY			
STATE			
PROVINCE IF APPLICABLE			
COUNTRY			
POSTAL CODE			
TELEPHONE NUMBER			
COUNTRY & CITY CODE NUMBER			

The English Language Academy offers an intensive English Language proficiency program that helps to improve and strengthen the skills of non-native speakers so they can fulfill the academic requirements of a college or university.

Do not edit this form directly from your web browser. <u>Download the latest version of Adobe Reader.</u>

Are you having trouble with the form? Try downloading this form to your computer.



	EMERGENC'	Y CONTACT INFORMAT	TION	
EMERGENCY CONTACT NAME (FIRST & LAS	ST)			
RELATIONSHIP TO APPLICAT	NT			
STREET AND NUMB	ER			
Cl	TY			
STA	TE			
PROVINCE IF APPLICAB	LE			
COUNT	RY			
POSTAL COI	DE			
TELEPHONE NUMB	ER			
COUNTRY & CITY CODE NUMB				
	CHECK THE TE	ERM YOU ARE APPLYIN	G FOR	
SPRING 2022	SUI	MMER 2022	FALL 2022	
O JANUARY 18 - MAY 6 (14 WEEKS)	O MAY 24 -	AUGUST 5 (10 WEEKS)	O AUGUST 23 - DECEMBER 2 (14 WEEKS)	
SESSION A JANUARY 18- MARCH 18 (7 WEEKS)	SESSION A MAY 24 -	4 JULY 1 (5 WEEKS)	SESSION A O AUGUST 23 - OCTOBER 14 (7 WEEKS	
O SESSION B MARCH 15 - MAY 6 (7 WEEKS)	O SESSION E	3 · AUGUST 5 (5 WEEKS)	O OCTOBER 11- DECEMBER 2 (7 WEEKS)	
States transcripts are required or foreign language transcripts by a certified english translation approval agency. Transcripts must be evaluated by the International Education Research Foundation, Inc. Applicants must submit a detailed report available at www.ierf.org or contact: IERF, INC. P.O. BOX 3665 CULVER CITY, CA 90231-3665, TEL: (310) 258-9451, FAX: (310) 342-7086 ARE YOU CURRENTLY ATTENDING SCHOOL IN THE U.S.?				
	P	PROGRAM COST		
FEE SUMMARY: In order for your application to be considered, you must submit the non-refundable application fee along with a completed application enrollment form. All of the fees described below must be paid in full 10 days prior to the begin date of your program. If you fail to pay any such fees in full, you will be ineligible to enroll in and/or to continue with the program.				
APF NON-REFUNDABLI	PLICATION FEE E, ONE-TIME FEE	\$200		
TUITION DEPOSIT (NON- APPLIED TO	REFUNDABLE) WARDS TUITION	\$500		
TUITION: SPRING/F SPRING/FALL SESSIONS A TUITION: SUMMER (10 W SESSIONS A OR B (5 WEEKS II HEALTH INSURANG	OR B (7 WEEKS) EEKS) SUMMER S) FEE DOES NOT NCLUDE BOOKS,	\$3,175 \$4,635		
SUM	URANCE COST SPRING/FALL MER SEMESTER CCT TO CHANGE	1 /		
HEALT	H CENTER FEE	\$170/SEMESTER		
STUDENT ASS	OCIATION FEE	\$100 \$75/SESSION A OR B		
INSTRUCTION	SPRING/FALL	\$350		

USD CAMPUS HOUSING IS NOT AVAILABLE FOR SESSIONS A OR B.

ALL OF THE FEES DESCRIBED ABOVE MUST BE PAID IN FULL 10 DAYS PRIOR TO THE START OF THE PROGRAM.



PAYMENT OPTION	S (PLEASE DO NOT MAIL CASH)*		
HOW WILL YOU BE PAYING?	FLYWIRE (GO TO ELA.FLYWIRE.COM) I WILL BE PAYING BY CREDIT CARD I WILL MAIL A MONEY ORDER/CASHIER'S CHECK/BANK DRAFT/ TRAVELER'S CHECK IN U.S. DOLLARS PAYABLE TO ENGLISH LANGUAGE ACADEMY, UNIVERSITY OF SAN DIEGO. A BANK DRAFT MUST BE DRAWN ON A U.S. BANK OR U.S. BRANCH OFFICE OF YOUR BANK. WE CAN ACCEPT EUROCHECKS. BANK WIRE TRANSFER		
WIRE	TRANSFER DETAILS:		
BANK NAME:	WELLS FARGO 420 MONTGOMERY ST. SAN FRANCISCO, CA 94104		
ABA ROUTING #:	121000248 (FOR DOMESTIC WIRES)		
SWIFT CODE:	WFBIUS6S (FOR FOREIGN TRANSFERS)		
ACCOUNT NAME:	UNIVERSITY OF SAN DIEGO		
ACCOUNT #:	12720630000000002		
	LANGUAGE ACADEMY - STUDENT NAME (FIRST, LAST)		
	FOR A U.S. STUDENT VISA		
Please complete the following financial information required to receive an I-20 form from the English Language Academy. Include a letter from your bank or a bank statement certifying that you have sufficient funds to cover tuition and living expenses. The Form I-20 is used to obtain an F-1 student visa which is required for full-time (18 hours or more of classroom instruction per week) study in the United States. For more U.S. Visa information contact the English Language Academy at 619-260-8887 or englishacademy@sandiego.edu.			
SOURCE OF FUNDS: PERSON	ALFAMILYEMPLOYER/GOVERNMENT AGENCYFRIENDOTHER		
STATEMENT/AFFIDAVIT OF FINANCIAL SUPPORT: If you checked "family" or "other" under source of funds, the person who is financially responsible for you must read and sign the statement below. The amount of funds necessary depends on the cost of the program for which you wish to enroll and approximately \$1,000 per month for living expenses.			
FOR THE PE	O THE INFORMATION REGARDING THE COST OF TUITION AND LIVING EXPENSES RIOD OF STUDY AT THE ENGLISH LANGUAGE ACADEMY, UNIVERSITY OF SAN RTIFY THAT THESE FUNDS ARE AVAILABLE, AND I ACCEPT FULL RESPONSIBILITY EXPENSES.		
PRINTED NAME OF PERSON FINANCIALLY RESPONSIBLE:			
SIGNATURE OF PERSON			
FINANCIALLY RESPONSIBLE:			
FINANCIALLY RESPONSIBLE: RELATIONSHIP TO STUDENT:			

	DEPENDENTS INFORMATION
Family members: The family members who are plan per month for a spouse or dependent. List all family	ning to accompany you need their own I-20 form. You need to estimate an additional \$250 members who will come to the U.S. with you:
DEPENDENT 1	
LAST NAME	
FIRST NAME	
MIDDLE NAME	
DATE OF BIRTH (MM/DD/YYYY)	
COUNTRY OF BIRTH	
COUNTRY OF CITIZENSHIP	
RELATIONSHIP TO APPLICANT	
DEPENDENT 2	
LAST NAME	
FIRST NAME	
MIDDLE NAME	
DATE OF BIRTH (MM/DD/YYYY)	
COUNTRY OF BIRTH	
COUNTRY OF CITIZENSHIP	
RELATIONSHIP TO APPLICANT	
	HEALTH INSURANCE
_	HEALTH INSURANCE BY CHECKING THIS OPTION I CERTIFY THAT I HAVE READ ALL THE ENGLISH LANGUAGE ACADEMY
	BT CHECKING THIS OPTION TECRTIFT THAT I HAVE READ ALL THE ENGLISH LANGUAGE ACADEMY INFORMATION AND THAT THE INFORMATION I AM PROVIDING IN THE APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE TO PURCHASE THE USD HEALTH INSURANCE PLAN UPON MY ARRIVAL IN THE U.S. OR TO PROVIDE MY OWN U.S.A BASED HEALTH INSURANCE PLAN
	PLEASE TYPE INITIALS HERE:
DO YOU NEED SPECIAL SERVICES TO ACCOMMODATE A PHYSICAL, VISUAL OR LEARNING DISABILITY?	O YES O NO
IE SO, PLEASE DESCRIRE:	

HOUSING RESERVATION FORM

HOUSING OPTIONS: The ELA provides assistance with on-campus housing. There is a \$250 commitment deposit/room reservation fee. Linens are not provided. On-campus housing includes flexible or traditional meal plans for purchase. You may choose meal plans that offer: 75-150

meals per semester, or 14 - 19 meals per week. The housing prices are subject to change. <i>USD campu</i> .	ere are several other off-campus housing options described on this application form. All shousing is not available for sessions A or B.
TO RESERVE A SPECIFIC HOUSING TYPE, CHECK ONE OF THE FOLLOWING:	 ON-CAMPUS DORMITORY AND APARTMENTS (\$350 - \$450 USD PER WEEK WITH SINGLE, DOUBLE, TRIPLE, AND QUAD OCCUPANCY.) OFF-CAMPUS APARTMENTS BY CARMEL PACIFIC RIDGE-LOCATION ACROSS FROM USD CAMPUS. (\$1,800-\$4,300 USD PER MONTH FOR STUDIO, ONE, TWO,

(877) 793-9727 OR VISITING WWW.CARMELPARTNERS.COM/PROPERTY/PACIFIC-RIDGE

O OFF-CAMPUS APARTMENTS BY THE VILLAGE AT MORENA VISTA- WALKING DISTANCE FROM USD CAMPUS. (\$1,700-\$2,700 USD PER MONTH FOR ONE, TWO, AND THREE BEDROOMS.) MORE INFORMATION MAY BE FOUND BY CONTACTING (855) 202-1709 OR VISITING WWW.ARRIVEMISSIONVALLEY.COM

AND THREE BEDROOMS). MORE INFORMATION MAY BE FOUND BY CONTACTING

- O OFF CAMPUS APARTMENTS BY VANTAGGIO-DOWNTOWN LOCATIONS (\$1055+ USD PER MONTH WITH SINGLE AND DOUBLE OCCUPANCY.) PLEASE CONTACT VANTAGGIO AT (619) 595-0111 OR VISIT WWW.VANTAGGIOSUITES.COM
- STUDENTS WILL SECURE THEIR OWN ACCOMMODATIONS
- HOMESTAY WITH AN AMERICAN FAMILY- VARIOUS LOCATIONS IN SAN DIEGO. STARTING AT \$900 USD PER MONTH PLUS A ONE TIME PLACEMENT FEE OF \$150-\$300 AND TWO MEALS INCLUDED PER DAY. PLEASE CONTACT:

KAMO HOUSING

WEBSITE: WWW.KAMOHOUSING.COM DANIEL ACOSTA, HOMESTAY MANAGER EMAIL: DANIEL@KAMOHOUSING.COM

TEL: (858) 750-3425

HOMEPLACEMENT SERVICES

WEBSITE: WWW.HOMEPLACEMENT.COM GARY DAVIDSON, HOMESTAY MANAGER E-MAIL: INFO@HOMEPLACEMENT.COM

TEL: (619) 423-1449

AOW DID YOU LEARN AROUT THIS PROGRAM

	\cup	100 EE/WW/DOOT THIST WOOD WW
HOW DID YOU HEAR ABOUT OUR PROGRAM?)	PAST OR PRESENT ELA STUDENT
C)	INTERNATIONAL/LOCAL FAIR
C)	STUDY ABROAD AGENT NAME OF AGENT:
C)	FRIEND/FAMILY
C)	SCHOOL COUNSELOR/ADVISOR
C)	ADVERTISEMENT
C)	USD/ELA WEBSITE
C)	SEARCH ENGINE (YAHOO, GOOGLE, ALIBABA, ETC.)
C)	SOCIAL MEDIA
C)	EMBASSY/CONSULATE
C)	OTHER IF OTHER, PLEASE SPECIFY BELOW:

PHOTO PERMISSION

PERMISSION TO TAKE PHOTOGRAPHS FOR UNIVERSITY/ENGLISH LANGUAGE ACADEMY PUBLICITY: From time to time, USD requests photographs of ELA events to use in publicity material or on the English Language Academy website or Facebook page.

O YES O NO I GIVE MY PERMISSION FOR REPRESENTATIVES OF THE UNIVERSITY OF SAN DIEGO TO USE PHOTOGRAPHS OF ME FOR USE IN PUBLICITY MATERIALS ABOUT THE UNIVERSITY OR THE ENGLISH LANGUAGE ACADEMY. YOUR NAME WILL NOT BE RELEASED WITHOUT YOUR WRITTEN CONSENT.

- AFFIDAVIT OF SUPPORT IF THE BANK STATEMENT IS NOT IN YOUR NAME WRITTEN BY YOUR SPONSOR
- AN OFFICIAL SEALED TRANSCRIPT AND DIPLOMA FROM THE HIGH SCHOOL YOU ATTENDED
- BANK STATEMENT OR LETTER FROM YOUR BANK VERIFYING AVAILABLE FUNDS
- PASSPORT COPY
- U.S. \$200 NON-REFUNDABLE APPLICATION FEE
- U.S. \$500 NON-REFUNDABLE APPLICATION DEPOSIT
- FOR TRANSFER STUDENTS ONLY: COPY OF VISA
- FOR TRANSFER STUDENTS ONLY: CURRENT I-20 (ALL PAGES)
- FOR TRANSFER STUDENTS ONLY: I-94 (ELECTRONIC)
- FOR TRANSFER STUDENTS ONLY: TRANSFER FORM (PROVIDED BY ELA)
- AFTER ACCEPTANCE TO THE IELP, YOU WILL BE PROVIDED A FORM I-20. PLEASE SUBMIT YOUR I-20 FORM TO THE EMBASSY/CONSULATE IN YOUR COUNTRY FOR A VISA.

SUBMITTING YOUR REQUIRED DOCUMENTS

After submitting your application please mail all original documents to:

EXPRESS DELIVERY ADDRESS: ENGLISH LANGUAGE ACADEMY UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 92110 TEL: 1-619-260-8887

FAX: 1-619-260-8833

EMAIL: ENGLISHACADEMY@SANDIEGO.EDU

WWW.SANDIEGO.EDU/ENGLISHLANGUAGEACADEMY

STUDENT SIGNATURE » I CERTIFY THE INFORMATION ON THIS ENTIRE FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTOOD AND AGREE, TO THE CANCELLATION AND REFUND POLICY, SCHEDULE, PRICES, AND STARTING DATES.

DATE (MM/DD/YYYY) »		

Privacy Policy

Family Educational Rights and Privacy Act (FERPA)

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the Division of Professional and Continuing Education is prohibited from providing certain information from the student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but it is not limited, to parents, a spouse, or a sponsor.

Students may grant the University permission to release information about their student records to a third party (including parents, step-parents, etc.) by submitting a completed Student Information Release Authorization. The student

Print Form

To continue with the application process, please go to http://pce.sandiego.edu, login to your student account and upload this form. If you have any questions, please contact englishacademy@sandiego.edu. By signing this form, you agree to the Professional and Continuing Education's Terms and Conditions.